

<i>SERFF Tracking Number:</i>	<i>CNAC-125586313</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2217 UMB</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>TRIA Endorsements: Umbrella</i>		
<i>Project Name/Number:</i>	<i>Terrorism Forms/08-F2217 Umbrella</i>		

Filing at a Glance

Companies: Continental Casualty Company, Continental Insurance Company, American Casualty Company of Reading - PA

Product Name: TRIA Endorsements: Umbrella	SERFF Tr Num: CNAC-125586313	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0020 Commercial Umbrella & Excess	Co Tr Num: 08-F2217 UMB	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Micaah Morris	Disposition Date: 04/02/2008
	Date Submitted: 03/30/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Terrorism Forms	Status of Filing in Domicile: Pending
Project Number: 08-F2217 Umbrella	Domicile Status Comments:
Reference Organization:	Reference Number: 08-F2217 UMB
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/02/2008	
State Status Changed: 04/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
On behalf of the above named Companies, we are submitting the attached:	

- Terrorism Notice Form G-144894
- the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842 and;
- the Exclusion of Certified Acts of Terrorism Endorsement GSL1099

SERFF Tracking Number:	CNAC-125586313	State:	Arkansas
First Filing Company:	Continental Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F2217 UMB		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0020 Commercial Umbrella & Excess
Product Name:	TRIA Endorsements: Umbrella		
Project Name/Number:	Terrorism Forms/08-F2217 Umbrella		

The Notice and Endorsements were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.

Company and Contact

Filing Contact Information

Morris Micaah, Regulatory Filing Technician	micaah.morris@cna.com
40 Wall Street	(212) 440-2319 [Phone]
New York, NY 10005	(212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 36-2114545	

Continental Insurance Company	CoCode: 35289	State of Domicile: New Hampshire
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 135010440	

American Casualty Company of Reading - PA	CoCode: 20427	State of Domicile: Pennsylvania
40 Wall Street	Group Code: 218	Company Type:
8th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 23-0342560	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>CNAC-125586313</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2217 UMB</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>TRIA Endorsements: Umbrella</i>		
<i>Project Name/Number:</i>	<i>Terrorism Forms/08-F2217 Umbrella</i>		
Per Company:	No		

SERFF Tracking Number: *CNAC-125586313* *State:* *Arkansas*
First Filing Company: *Continental Casualty Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-F2217 UMB*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0020 Commercial Umbrella & Excess*
Product Name: *TRIA Endorsements: Umbrella*
Project Name/Number: *Terrorism Forms/08-F2217 Umbrella*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$50.00	03/30/2008	19144737
Continental Insurance Company	\$0.00	03/30/2008	
American Casualty Company of Reading - PA	\$0.00	03/30/2008	

SERFF Tracking Number:	CNAC-125586313	State:	Arkansas
First Filing Company:	Continental Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F2217 UMB		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0020 Commercial Umbrella & Excess
Product Name:	TRIA Endorsements: Umbrella		
Project Name/Number:	Terrorism Forms/08-F2217 Umbrella		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/02/2008	04/02/2008

SERFF Tracking Number:	CNAC-125586313	State:	Arkansas
First Filing Company:	Continental Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F2217 UMB		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0020 Commercial Umbrella & Excess
Product Name:	TRIA Endorsements: Umbrella		
Project Name/Number:	Terrorism Forms/08-F2217 Umbrella		

Disposition

Disposition Date: 04/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: CNAC-125586313 State: Arkansas

First Filing Company: Continental Casualty Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 08-F2217 UMB

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess

Product Name: TRIA Endorsements: Umbrella

Project Name/Number: Terrorism Forms/08-F2217 Umbrella

Item Type	Item Name	Item Status	Public Access
Supporting Document	Forms Memo	Approved	Yes
Supporting Document	Naic Forms	Approved	Yes
Supporting Document	Terrorism Transmittal	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Coverage and Cap on Losses From Certified Acts of Terrorism	Approved	Yes
Form	Notice - Offer of Terrorism Coverage	Approved	Yes
	Notice - Disclosure of Premium		
Form	Exclusion Of Certified Acts Of Terrorism	Approved	Yes

SERFF Tracking Number: CNAC-125586313 State: Arkansas

First Filing Company: Continental Casualty Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 08-F2217 UMB

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess

Product Name: TRIA Endorsements: Umbrella

Project Name/Number: Terrorism Forms/08-F2217 Umbrella

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverage and Cap on Losses From Certified Acts of Terrorism	GSL3842 XX	01-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G-144872-A Previous Filing #:		GSL3842XX_012008_Coverage And Cap On Losses From Certified Acts Of Terrorism.pdf
Approved	Notice - Offer of Terrorism Coverage Notice - Disclosure of Premium	G-144894-A	01-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G-144898 Previous Filing #:		G-144894-A_012008 Notice - Offer of Terrorism Coverage Notice - Disclosure of Premium.pdf
Approved	Exclusion Of Certified Acts Of Terrorism	GSL1099 XX	01-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Healthcare Facilities Umbrella old Exclusion is: G144898; Healthcare Umbrella Policy old Exclusion is: G144904; Excess Liability Policy old Exclusion is: G144887 Previous Filing #:		GSL1099XX_012008_Exclusion Of Certified Acts Of Terrorism.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE AND CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

Wherever used in this endorsement: 1) "We" means the insurer listed on the policy declarations page; and 2) "Your" means the Named Insured listed on the policy declarations page.

This endorsement modifies insurance provided under "your" policy.

In consideration of the premium charge of \$_____, it is agreed as follows:

This policy provides coverage for losses arising from "Certified Acts of Terrorism" subject to all other terms and conditions of this policy.

If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and "we" have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.



IMPORTANT INFORMATION

POLICYHOLDER DISCLOSURE

NOTICE – OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM

THIS NOTICE DOES NOT FORM A PART OF YOUR POLICY, GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY

You are hereby notified that under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks.

This Notice is designed to alert you to coverage restrictions and to certain terrorism provisions in the policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

CHANGE IN THE DEFINITION OF A CERTIFIED ACT OF TERRORISM

The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. Originally the Act provides that to be certified an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States. However, the 2007 re-authorization of the Act no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism".

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions, including nuclear, war or military action exclusions, will still apply to such an act. The premium charge for terrorism coverage is shown separately and is also included in the total premium.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.



Further, this coverage is subject to a limit on our liability, pursuant to the federal law where, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

If you want to purchase this coverage, you must pay \$_____Premium.

If you do not want to purchase this coverage, you must sign below and return this form to us at the address indicated below.

BY SIGNING BELOW, I AGREE THAT I AM REJECTING COVERAGE FOR LOSSES ARISING OUT OF CERTIFIED ACTS OF TERRORISM, AS DEFINED IN THE ACT. I UNDERSTAND THAT LOSSES ARISING FROM ACTS OF TERRORISM WILL BE EXCLUDED.

Applicant/Named Insured

Insurance Company

By: _____
Authorized Representative's Signature

Authorized Representative's Title

Date

Policy Number

Return the original form to us at the address below no later than _____.

We recommend that you keep a copy of this notice for your records.

[Insert CNA Producing Office Address]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided by your policy.

The policyholder has been previously notified of the availability of and the price for coverage of "Certified Acts of Terrorism" under the Federal Terrorism Risk Insurance Act. The policyholder has opted to exclude such coverage from the applicable Coverage Part. This endorsement excludes such "Certified Acts of Terrorism" from the applicable Coverage Part .

A. The following exclusion is added:

This insurance does not apply to:

TERRORISM

"Any injury or damage" arising, directly or indirectly, out of a "certified act of terrorism".

B. The following definitions are added:

1. For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any policy to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", and "personal and advertising injury".
2. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act and its extensions. The federal Terrorism Risk Insurance Act and its extensions set forth the following criteria for a "certified act of terrorism":
 - a. The act resulted in aggregate losses in excess of \$5 million; and
 - b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

<i>SERFF Tracking Number:</i>	<i>CNAC-125586313</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2217 UMB</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>TRIA Endorsements: Umbrella</i>		
<i>Project Name/Number:</i>	<i>Terrorism Forms/08-F2217 Umbrella</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125586313 State: Arkansas
First Filing Company: Continental Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-F2217 UMB
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: TRIA Endorsements: Umbrella
Project Name/Number: Terrorism Forms/08-F2217 Umbrella

Supporting Document Schedules

Review Status:
Satisfied -Name: Forms Memo Approved 04/02/2008
Comments:
Attachment:
08-F2217 UMB Forms Memo.pdf

Review Status:
Satisfied -Name: Naic Forms Approved 04/02/2008
Comments:
Attachments:
08-F2217 UMB FFS.pdf
08-F2217 UMB AR Transmittal.pdf

Review Status:
Satisfied -Name: Terrorism Transmittal Approved 04/02/2008
Comments:
Attachment:
08-F2217 UMB AR Terrorism Transmittal Form.pdf

Review Status:
Satisfied -Name: Cover Letter Approved 04/02/2008
Comments:
Attachment:
08-F2217 UMB AR Cover Letter.pdf

UMBRELLA/EXCESS COVERAGE FORMS LIST
FILING I.D. # 08-F2217 UMB

The following is a listing of the Umbrella and Excess coverage forms used in conjunction with the Terrorism Notice Forms G-144894 (01/08) the Coverage and Cap on Losses from Certified Acts of Terrorism Endorsement GSL3842 and, the Exclusion of Certified Acts of Terrorism Endorsement GSL1099 submitted under this filing.

CONTINENTAL CASUALTY COMPANY
CONTINENTAL INSURANCE COMPANY

Program Name	Form Number	CNA File #
Healthcare Facilities Umbrella Policy	G-144104-A	04-2045, 07-2181 UMB

AMERICAN CASUALTY COMPANY OF READING, PA
CONTINENTAL CASUALTY COMPANY

Program Name	Form Number	CNA File #
Healthcare Umbrella Policy	G-117002-B	

CONTINENTAL CASUALTY COMPANY ONLY

Program Name	Form Number	CNA File #
Excess Liability Policy	G-22075-A	03-2020, 05-2080

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-F2217 UMB		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Coverage and Cap on Losses From Certified Acts of Terrorism	GSL3842XX (Ed. 01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G-144872-A	
02	Notice - Offer Of Terrorism Coverage Notice - Disclosure Of Premium	G-144894-A (Ed. 01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G-144898	
03	Exclusion Of Certified Acts Of Terrorism	GSL1099XX (Ed. 01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Healthcare Facilities Umbrella old Exclusion is: G144898	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Healthcare Umbrella Policy old Exclusion is: G144904	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Excess Liability Policy old Exclusion is: G144887	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:CNAC-125586313	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA Insurance Group	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
American Casualty Company of Reading, PA	PA	20427	23-0342560	
Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	08-F2217 UMB
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Micaah Morris 40 Wall Street -9th Floor New York, NY 10005	Regulatory Filings Technician	877-267-3277 X2319	212-440-2877	micaah.morris@cn a.com
7. Signature of authorized filer		<i>Micaah Morris</i>		
8. Please print name of authorized filer		Micaah Morris		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0020 Commercial Umbrella & Excess
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Terrorism Risk Insurance Act Endorsement- Commercial Umbrella/Excess
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: ASAP Renewal: ASAP
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-F2217 UMB
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of the above named Companies, we are submitting the attached:

- Terrorism Notice Form G-144894
- the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842 and;
- the Exclusion of Certified Acts of Terrorism Endorsement GSL1099

The Notice and Endorsements were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR _____

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Continental Casualty Company	IL	20443	36-2114545
American Casualty Company of Reading, PA	PA	20427	23-0342560
Continental Insurance Company	PA	35289	13-5010440

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Micaah Morris 40 Wall Street 9 th Floor New York, NY 10005	212-440-2319	212-440-2877	micaah.morris@cna.com

Filing information

Line of Insurance (see attachment)	17.0020 Commercial Umbrella & Excess
Company Program Title (Marketing title) (if applicable)	Terrorism Risk Insurance Act Endorsement- Commercial Umbrella/Excess
Filing Type ** see note below	Form
This application is used with:	Umbrella/Excess Program
Effective Date Requested	As soon as possible
Filing date	03/30/2008
Company Tracking Number	08-F2217 UMB
Date filing approved in domiciliary state, if applicable	Pending

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Coverage and Cap on Losses From Certified Acts of Terrorism	GSL3842XX (Ed. 01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144872-A	
02	Notice - Offer Of Terrorism Coverage Notice - Disclosure Of Premium	G-144894 (Ed. 01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144898	
02	Exclusion Of Certified Acts Of Terrorism	GSL1099XX (Ed. 01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Healthcare Facilities Umbrella old Exclusion is: G144898 Healthcare Umbrella Policy old Exclusion is: G144904 Excess Liability Policy old Exclusion is: G144887	

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.

- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Micaah Morris

Signature

Micaah Morris

Print Name:

Regulatory Filings Technician

Title:



40 Wall Street – 9th Floor
New York, New York 10005

Mr. Micaah Morris

Regulatory Filings Technician
P & C State Filing Unit
CNA Global Specialty Lines

March 30, 2008

Telephone 212-440-2319
Facsimile 212-440-2877
Toll Free 877-269-3277 x 2319
Internet micaah.morris@cna.com

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

Re: American Casualty Company of Reading, PA NAIC # 218-20427 FEIN#23-0342560
The Continental Insurance Company NAIC #: 218-35289 FEIN #: 13-5010440
Continental Casualty Company NAIC# 218-20443, FEIN# 36-2114545
Umbrella/Excess Coverage
Terrorism Risk Insurance Act Notice and Endorsements
Our File: 08-F2217 UMB

To Whom It May Concern::

On behalf of the above named Companies, we are submitting the attached:

- Terrorism Notice Form G-144894
- the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842 and;
- the Exclusion of Certified Acts of Terrorism Endorsement GSL1099

The Notice and Endorsements were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.

These forms will attach to the approved forms listed in the attached Coverage Forms List under the applicable filed company/ies.

Please note that these forms will replace any previous version of the Terrorism Notice Form, the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement and Certified Acts of Terrorism Exclusion currently on file.

Should you have any questions or desire additional information, please feel free to contact us.

Very truly yours,

Micaah Morris

Micaah Morris
Regulatory Filings Technician